

May, 1999

To All TTAC Consultant Applicants:

The Office for Victims of Crime (OVC) and the OVC Training and Technical Assistance Center (TTAC) have been working over the past year to streamline procedures for receiving and processing training and technical assistance requests, for identifying and enrolling new consultants, and for obtaining consultant rate approvals through the Office of Justice Programs. The attached document defines the revised requirements for individuals seeking to become enrolled in the OVC TTAC Consultant Pool.

These requirements modify those that are specified in the original Consultant Enrollment Package. The sections and page numbers refer to the corresponding requirements in that enrollment package that are being modified.

If you have questions about these new requirements, please contact TTAC directly. Thank you for your interest in serving as an OVC TTAC consultant.

Office for Victims of Crime
Training and Technical Assistance Center
2277 Research Boulevard
Mail Stop 7F
Rockville, MD 20850

Phone: (301) 519-6301
Fax: (301) 519-5533
E-Mail: TTAC@ovcttac.org

REQUIREMENTS FOR TTAC CONSULTANT APPROVAL

Updated May, 1999

In order for an individual to become enrolled as a TTAC Consultant, he/she must submit the following:

- Completed TTAC Consultant Enrollment Package,
- Current resume,
- Current biography (maximum one-half page);
- Names of three persons who are able to serve as professional references; and
- Rate verification documentation.

TTAC Consultant Enrollment Package:

This package provides information about specific areas of expertise and knowledge that is used to identify appropriate consultants for each request received by TTAC. Enrollment packages can be obtained directly from TTAC.

Current Resume:

The resume information provides the foundation on which consultant approvals are based and with which requesting organizations select a consultant that will best meet their organization's speaking, technical assistance, or training needs.

Biography:

TTAC uses these brief biographies to expedite information sharing with requesters, OVC contract staff, and others who appropriately have access to the information. We request that each applicant prepare his/her own biography to ensure that it focuses on those areas that each individual wishes to highlight.

Professional References: (revises section F, page 13)

In lieu of the originally required letters of recommendation, TTAC currently requests names of persons who have knowledge of recent consulting activities. Information about these professional references should include the individual's name, address, phone number, and the consulting activity about which they have knowledge (organization, nature of consulting, and date),

Rate Verification Documentation: (revises Section B-4, page 4)

OVC's standard consulting fee is \$250.00 per day. Consultant who requests a fee that is higher than \$250.00 must submit documentation that verifies that their current consulting rate is equal to or higher than that rate they are requesting. There are several documents that may serve to verify this rate:

1. A signed, fully executed contract or letter of agreement for consulting services that documents a rate equal to or higher than the requested rate; this agreement must contain the fee and the period of performance so an hourly or daily rate can be calculated;
2. A signed, executed invoice documenting payment at the requested hourly or daily rate, that is certified true and accurate (a sample certification statement is attached); or
3. A current wage statement (including the amount of payment and the defined period of time for that payment so an hourly or daily rate can be calculated).

Please note that only **one** type of rate documentation is required as long as it clearly documents an hourly or daily rate that is equal to, or greater than, the rate an applicant is requesting.

In addition to documentation of rate, each applicant is asked to sign a “**most favored rate**” statement. This statement verifies that the rate you are charging OVC is no higher than the rate you charge your most favored client. A model for this statement is attached.

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*Sample Certification Statement to be copied onto a
signed, executed, and paid invoice.*

Certification: I certify that this is a true copy of the invoice submitted and that
the payment requested has been received.

Name: _____ Date: _____

Signature: _____

Model for “most favored rate” statement (may be copied onto your letterhead).

WHEREAS, Aspen Systems Corporation (Aspen) and _____
(Consultant) have entered into an Agreement for the Provision of Professional services by
Consultant to the Office of Victims of Crime under Aspen’s contract number OJP-98-C-004, with
the U.S. Department of Justice.

NOW THEREFORE, Consultant hereby certifies that the daily rate shown below
represents the “most favored client rate” and that a lesser rate is not being charged any other
client.

_____	\$ _____
Consultant Name	Daily Rate

EXECUTED as of the date below written.

_____	_____
Signature	Date

Consultant Enrollment Package

**Office for Victims of Crime
Training and Technical Assistance Center
2277 Research Boulevard
Rockville, MD 20850
Telephone: 800-627-6872
Fax: 301-519-5533**

Office for Victims of Crime Consultant Enrollment Package

The Office of Justice Programs (OJP) requires the information listed below for enrollment in the Office for Victims of Crime (OVC) Training and Technical Assistance Consultant Pool. Please complete this enrollment package and return it with a current résumé or curriculum vitae and half page biography. Please print or type in the information.

Section A: Personal Information

Prefix	First Name	Middle Initial	Last Name	Suffix
_____	_____	_____	_____	_____

1) Business Mailing Address

Name of Company or Organization _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

E-Mail Address _____

2) Home Mailing Address

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Business Phone _____ Fax _____

E-Mail Address _____

3) Preferred Mailing Address *(Please check one)*

Home _____ Work _____

The Following Two Questions Are Optional

4) Race/Ethnicity

The following information has been requested by the Office for Victims of Crime (OVC) to determine the racial, ethnic, and gender diversity among consultants utilized in this technical assistance contract. OVC and Aspen Systems Corporation support diversity in all of their work and view this information as an essential element of the OVC consultant pool. Although optional, both would appreciate your cooperation in providing the following information.

Please indicate if you are:

_____ Native American

_____ Asian or Pacific Islander

_____ African American (not of Hispanic origin)

_____ Black

_____ Hispanic

_____ Caucasian (not of Hispanic origin)

_____ Other (please specify) _____

5) Gender

_____ Male

_____ Female

6) Personal History

_____ Victim/survivor of crime

_____ Family member of a victim/survivor of crime

Section B: Employment/Professional Information

1) Do you consider yourself a (*check one*):

_____ Practitioner _____ Researcher _____ Public Policy Specialist
_____ Administrator _____ Academician

2) Current Job Title _____

3) Current Employment Category (*Check all that apply*)

_____ Federal Government
_____ State, City, or Local Government
_____ Nonprofit Organization
_____ Private Enterprise
_____ Contractor

For Whom ? _____ When? _____

Contracts worked on within the past 3 years:

_____ Independent Consultant
_____ Educational Institution
 _____ Early Childhood _ Primary _____ Secondary _____ University
_____ Community-Based Program
_____ Activist
_____ Volunteer
_____ Media/Communications
_____ Other _____

4) **Consultant Income**

The following information is required to provide a basis on which to compute a daily consultant rate.

Current Total Annual Income

Annual amount of income from salary* \$ _____

Annual amount of income from consulting** \$ _____

Annual income from other sources \$ _____
(please specify) _____

Total \$ _____

Salary is based on: 12 Months _____
(✓ appropriate selection) 9 Months _____
Other (please specify): _____

You are employed: Full-Time _____
(✓ appropriate selection) Part-Time _____

New Consultants

If you are newly established as a consultant (within the last year) and would like your previous salary to be considered as a basis on which to compute a consultant daily rate please answer the following questions.

Your most recent salary prior to being self-employed: \$ _____

Name of employer: _____

Dates (months and years) of most recent full-time employment: _____

Loaded Rates

If you are self-employed or work for a private or nonprofit organization (provided the consultant check will be made payable to your firm) and you wish to have us establish a loaded rate for you, please contact TTAC for additional materials.

Attachments

Provide, as appropriate, one of the following forms of documentation to substantiate your salary:

* IRS W-2 Form ** IRS 1099 Form

Copy of consulting agreement for work on another U.S. Government contract.

Your firm's list of consulting rates.

Letter stating that your rate is the rate you charge your "most favored" client.

5) Federal Agency Collaboration/Contact

Please check all agencies with whom you have had professional contact.

- ☐ U.S. Department of Justice
 ☐ Bureau of Justice Assistance
 ☐ Bureau of Justice Statistics
 ☐ National Institute of Justice
 ☐ Office for Victims of Crime
 ☐ Office of Justice Programs
 ☐ Corrections Program Office
 ☐ Domestic Terrorism Response
 ☐ Drug Courts Program Office
 ☐ Violence Against Women Office
 ☐ Office of Juvenile Justice and Delinquency Prevention
☐ Center for Disease Control and Prevention
☐ Federal Emergency Management Agency
☐ National Institute for Mental Health
☐ National Institute of Corrections
☐ U.S. Department of Defense
☐ U.S. Department of Education
☐ U.S. Department of Health and Human Services
☐ U.S. Department of State
☐ Other (specify) _____

6) Degree(s), Date(s) Earned, and Institution(s)

Degree	Date Earned	Institution

7) Current Licenses/Certifications

Name of License/Certification	Date Received	Applicable State(s)

8) Language Fluency

Please indicate your ability to read, speak, or write any of the languages listed below. When making your selection, please fill in the table by using the experience key shown below. **Please check only those areas that apply.**

Key 1 = Extensive Fluency 2 = Moderate Fluency

Language	Read	Speak	Write
English			
Spanish			
French			
Chinese			
German			
Japanese			
American Sign Language			
Other			

9) Computer Knowledge and Access

Hardware

_____ IBM/IBM Compatible

_____ Macintosh

Software

_____ MS Word

_____ WordPerfect - DOS

_____ WordPerfect - Windows

_____ Internet Access

Section C: Substantive Expertise

Please indicate your experience providing consultation/technical assistance in each of the subject areas listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key

- | | |
|--------------------------------|--|
| 1 = Expert in Subject Area: | Consultant has completed publications, speeches, and/or articles in the subject area and has an indepth knowledge of subject without the use of written notes or aids. |
| 2 = Knowledge of Subject Area: | Consultant has working knowledge of the subject area. |

1) Criminal Victimization

- | | |
|--|--|
| <input type="checkbox"/> Adults Molested as Children | <input type="checkbox"/> Juvenile Crime |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Mass Criminal Victimization |
| <input type="checkbox"/> Child Physical Abuse | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Domestic Terrorism | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Terrorism Abroad |
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> White Collar Crime |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Work Place Violence |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hate/Bias | |

2) Under Served Populations as Crime Victims

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Gay/lesbian |
| <input type="checkbox"/> African American (<i>not of Hispanic origin</i>) | <input type="checkbox"/> Women |
| <input type="checkbox"/> Black | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Children |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Military |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Other _____ |

3) The Criminal Justice System and Victim Assistance

- | | |
|--|---|
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Probation and Parole |
| <input type="checkbox"/> Courts | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Federal Court System | <input type="checkbox"/> Tribal Court System |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Military Court System | |

4) Legislation

- | | |
|---|---|
| <input type="checkbox"/> Community Notification | <input type="checkbox"/> Right to Notice |
| <input type="checkbox"/> Constitutional Rights | <input type="checkbox"/> Right to Privacy |
| <input type="checkbox"/> HIV Testing of Offenders | <input type="checkbox"/> Right to Property Return |
| <input type="checkbox"/> Payment for Forensic Exams | <input type="checkbox"/> Right to Protection |
| <input type="checkbox"/> Restitution | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Right to Attend Trial | |
| <input type="checkbox"/> Right to be Heard | |
| <input type="checkbox"/> Right to Confer | |

5) Allied Professionals

_____ Child Protective Services

_____ Faith Community

_____ Media/Communications

_____ Medical Services

_____ Mental Health Services

_____ Social Services

_____ Other _____

6) Other Victim-Related Issues

_____ Campus Crime

_____ Hate and Bias Crimes

_____ HIV/AIDS

_____ Juvenile Justice

_____ Litigation

_____ Restorative Justice

_____ Other _____

Section D: Functional Expertise

Please indicate your experience providing consultation/technical assistance within the last 3 years in each of the skill areas listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key

1 = Expert in Skill Area: Consultant has significant experience in either performing the skill or providing technical assistance and/or training in the skill area.

2 = Knowledge of Skill Area: Consultant has working knowledge of the skill area.

1) Program Evaluation/Research and Development

- | | |
|---|---|
| _____ Applied Statistics | _____ Quality Assurance
Models/Methodologies |
| _____ Data Analysis | _____ Research Design and
Methodology |
| _____ Data Collection | _____ Survey Research |
| _____ Outcome and Performance-Based
Indicators | _____ Other _____ |
| _____ Program Evaluation | |
| _____ Program Planning and
Implementation | |

2) Program Design and Development/Organizational Development

- | | |
|--|---|
| _____ Advisory Board Selection | _____ Management |
| _____ Group Dynamics | _____ Organizational Development and
Fundraising |
| _____ Needs Assessment | _____ Organizational
Diagnosis/Assessment |
| _____ Operational Planning | _____ Personnel Allocation |
| _____ Organizational Change/Transition | |

2) Program Design and Development/Organizational Development (continued)

_____ Policies and Procedures Development _____ Strategic Planning
_____ Program Accreditation _____ Team Building
_____ Program Costing/Budgeting _____ Other _____
_____ Resource Allocation

3) Program Management/Administration/Training

_____ Automated Client and Program Record Systems Management _____ Staff Development and Training
_____ Automated Notification System _____ Systems Development and Implementation
_____ Data Management and Information Systems Development _____ Total Quality Management (TQM)
_____ Diversity Training _____ Volunteer Recruitment and Retention
_____ Privacy and Confidentiality _____ Other _____
_____ Record Keeping

4) Publication Peer Review

_____ Publication Review. Please list peer reviews in the chart below:

Publication Review Title	Agency	Date Completed

_____ Information Dissemination _____ Public Awareness Campaigning

_____ New Technology/Internet /Intranet _____ Public Relations/Media Management

_____ Other _____

_____ Report Writing	_____ Publications/Scholarly Articles
_____ Speech Writing	_____ Solicitations/Requests For Proposal
_____ Technical Writing	_____ Developing Rules, Regulations, or Guidelines
_____ Editing	_____ Other _____
_____ Proposal Development	

_____ Public Speaking

_____ Meeting Moderation

_____ Presentation Delivery

_____ Other _____

_____ Meeting Facilitation

Speaking Activity	Agency	Date

Section E: Service Settings

Please indicate your experience providing consultation/technical assistance in each of the service settings listed. When making your selection, use the numerical value that corresponds to the experience key shown below. **Please check only those categories that apply.**

Key	1 = Extensive Experience	2 = Moderate Experience
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 American Indian Reservations

_____ State/Local Agency

Rural Areas

_____ Urban/Inner City Areas

_____ Federal Agency

_____ Other _____

____Public Housing Unit

Section F: Consulting Experience

Please list your most recent OJP and other consulting experience. Please supply three reference letters from the primary contracting contact from recent consulting engagements. These letters should address your competency as a trainer/facilitator/speaker as well as your subject matter expertise. Aspen Systems Corporation and OJP reserve the right to contact the organizations listed below for further information as to the nature of the consulting services rendered.

Month/Year	OJP and Other Organization Name, Address	Grant Number	Phone Number

Consultant Enrollment Submission Checklist

I am submitting the following items with my completed Consultant Enrollment Package:

- _____ Résumé or curriculum vitae
- _____ Biography (no longer than half a page)
- _____ Income verification documents (as specified on page 4)
- _____ Three reference letters (as specified on page 13)

Certification

I certify that the information provided herein, including consultant income information and attachments, is current and accurate.

Date

Signature

NOTE: Other organizations sometimes request a list of experts to identify speakers/trainers/ facilitators for their conferences and trainings. If you DO NOT want to be included, check the space below. (Information that will be included when responding to requests for lists of experts are the consultants' names, business contact information, and Substantive Expertise Information [section c].)

_____ Do not submit my information to other organizations.